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### Identifying Good Practice in Fitness to Practice Processes in Higher Education Institutes in Scotland

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# Identifying Good Practice in Fitness to Practise Processes in Higher Education Institutes in Scotland

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Report to NHS Education for Scotland

**March 2014**

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## Glossary of Acronyms

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CHRE	Council for Healthcare Regulatory Excellence
DRC	Disability Rights Commission
FtP	Fitness to Practise
GCC	General Chiropractic Council
GDC	General Dental Council
GMC	General Medical Council
GPhC	General Pharmaceutical Council
HEI	Higher Education Institution
NMC	Nursing and Midwifery Council

## Executive Summary

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### The Purpose of the Project

This project was carried out in order to identify good practice in Fitness to Practise (FtP) processes in pre-registration nursing education in Scotland. FtP touches upon a number of important issues, including the diversity of the nursing workforce, the accountability of Higher Education Institutions (HEIs) and the protection of the public, which is a key aspect of pre-registration nursing education and Nursing and Midwifery Council (NMC) monitoring processes. Through identifying and sharing good and best practice in FtP processes across the 11 HEIs in Scotland this project contributes to the development of robust FtP processes in pre-registration nursing programmes.

### Methods

The project reviewed guidance and research evidence about FtP. Current research on FtP suggests that policies and processes can be inconsistent, lacking in clarity, and open to legal challenge. The FtP literature also contains evidence of good practice, and of the development of principles which could underpin good FtP practices. The project collected data through interviews with key personnel for FtP processes in nine of the 11 HEIs in Scotland, and through the collection of documentary evidence of FtP processes. Ethical approval was sought and obtained from the Principal Investigator's HEI and evidence of this supplied to all the HEIs in Scotland.

Interview data were thematically analysed, and the analysis was informed and contextualised by the documentary evidence collected. Five major themes were identified: *The Stages of FtP Processes*; *Principles and Concepts Underpinning FtP*; *Knowledge and Understanding of FtP*; *Good Practice*; and *Issues and Challenges*. The findings of the project were used to develop eight recommendations to support the development of good practice in FtP processes for pre-registration nursing students in the eleven Scottish HEIs.

### Findings and Conclusions

The findings of this inquiry into good practice in FtP processes for pre-registration nursing students show that there is a diverse range of approaches currently in place in Scottish HEIs. FtP processes seem to draw on a shared set of principles, but are couched in different terminology, and vary according to their location within different university structures. Nevertheless HEIs appear to be confronting broadly similar issues around the FtP of their nursing students, and the conduct of FtP investigations.

There appears to be a lot of good practice happening in HEIs. Good practices identified by this study include the development of expertise around FtP; the use of staged FtP processes and graduated outcomes; the incorporation of teaching about FtP into nursing programmes; positive attitudes around health and disability; collaborative decision making.

This study has also identified some areas of FtP which pose challenges for HEIs, and may benefit from further development. These include the development of better systems of

student support; FtP processes for post-registration nursing students; the creation of consistent, equitable and auditable FtP processes.

This report concludes that there is a body of expertise building around FtP processes in the Scottish HEIs, and it seems clear that HEIs could only benefit from engaging in more collaborative working around this complex area. There are also areas of FtP processes which would benefit from further exploration in order to develop understanding, and to build a robust evidence base for FtP processes.

## Recommendations

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### **Recommendation 1      A Graduated Process**

FtP processes should include clearly delineated stages, and a case should be dealt with via the appropriate stage. We recommend that FtP processes include:

- |         |  |
|---------|--|
| Pre-FtP | Potential problems are identified and support mechanisms put in place.   |
| Stage 1 | The early investigation of possible impairment of FtP, and the development and implementation of an action plan. |
| Stage 2 | Serious, repeated, or unresolved FtP problems are formally evaluated by an FtP committee.                        |

Policies should clearly articulate each stage of the process and who is involved, and how and why decisions are made to take an FtP case to the next stage. Policies should also contain a clear articulation of the process of appeal. A timeframe should be provided for the stages of the FtP process. We recognise that due to the nature of FtP investigations it may not always be possible to adhere to a pre-set timeframe, in these instances the student should be informed of the new projected timeframe.

### **Recommendation 2      Student Involvement**

HEIs may wish to consider involving student representatives in FtP processes (e.g. as a member of the FtP committee) in order to increase awareness of FtP in the student community, and to improve the representativeness and balance of the process.

### **Recommendation 3      Student Support**

Due to potential for conflict of roles, HEIs should not rely on personal tutors to provide support to students going through FtP. Instead HEIs should ensure that a third party is made available to provide pastoral support to students. The individual responsible for supporting the student should not otherwise be involved in the FtP process, and should ideally have a thorough understanding of the HEI FtP policy and process.

### **Recommendation 4      Post-Registration Nursing Students**

FtP processes for post-registration nursing students require clarification, particularly around the responsibilities of employers, HEIs and the NMC.

### **Recommendation 5      Multi-disciplinary Working**

Nursing should work collaboratively with other disciplines who also consider FtP issues. Approaches formulated in other disciplines can be used to inform FtP processes for pre-registration nursing students. HEIs may wish to consider creating cross-disciplinary committees, and sharing expertise and policy and process information between subject areas.



## **Recommendation 6      Creating Expertise**

Individual HEIs can enhance understanding and awareness of FtP by supporting those individuals who are most closely involved in FtP processes to become ‘experts’. These in-house ‘experts’ act as a resource, disseminating knowledge to other members of staff and to students. The development of expertise also contributes to the consistency and equity of FtP processes within the HEI.

Expertise can also be created nationally, through the sharing of knowledge and experiences of FtP between HEIs. We suggest HEIs consider involving FtP ‘experts’ on their committees from other HEIs. This will allow the sharing of good practice between institutions, and will enhance the equity of FtP processes across HEIs.

## **Recommendation 7      Audit**

In order to ensure consistency and equity of FtP processes HEIs should develop the capacity for cross-institutional comparisons and audit. This could be supported through the establishment of a working group consisting of HEI and student representatives. The remit of the working group should be to explore ways of creating consistent, equitable and auditable practices across the Scottish HEIs.

## **Recommendation 8      Future research**

This study indicates the need for a greater understanding of student and mentor perspectives on FtP processes for pre-registration nursing students. Areas for future research might include:

1. Explore the perspectives of students and mentors through focus groups in order to gather evidence of good practices, discuss issues, and explore ways in which Scottish HEIs can develop their FtP practices in response to the needs of students and mentors.
2. Identify how FtP processes may support students’ understanding of professionalism, in particular how professionalism relates to conduct in personal life, and how FtP processes may facilitate the process of becoming a professional and how this relates to students’ understanding of their own conduct.

# Part One: Background and Literature Review

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## 1 Introduction

The aim of this project is to identify good practice in FtP processes in pre-registration nursing education in Scotland. Ensuring the protection of the public is a key aspect of pre-registration nursing education and NMC monitoring processes. This project seeks to address the current NMC monitoring risk priority to ensure robust FtP processes in pre-registration nursing education. Through identifying and sharing good and best practice in FtP processes across the 11 HEIs in Scotland this project contributes to the development of robust FtP processes in pre-registration nursing programmes.

The project has reviewed guidance and research evidence about FtP and collected data through interviews with key personnel for FtP processes in nine of the 11 HEIs in Scotland, and through the collection of documentary evidence of FtP processes. Ethical approval was sought and obtained from the PI's HEI and evidence of this supplied to all the HEIs in Scotland.

In Part One of this report we review current FtP literature, policy and guidance from professional health and social care regulators, and describe the process of data collection and analysis. In Part Two we discuss the project findings in terms of five major themes: *The Stages of FtP Processes*; *Principles and Concepts Underpinning FtP*; *Knowledge and Understanding of FtP*; *Good Practice*; and *Issues and Challenges*. Finally we make eight recommendations drawn from this study.

## 2 FtP Literature

### 2.1 Search Parameters and Results

There is relatively little empirical research published on FtP processes for pre-registration nursing students. In a review of the literature on FtP and health and social care students conducted for the Health Professions Council, Boak et al. (2012) observed that much of the literature focused on medical students, and that the majority of FtP literature pertaining to health and social care students in general consists of literature reviews and descriptive or discursive papers. These findings have been reflected in the literature retrieved for this review. The literature search has therefore drawn on publications from academic and professional journals, and policy documents from the Nursing and Midwifery Council and other UK health regulators. Literature focusing on FtP proceedings for registered nurses and for students in other health and social care disciplines has been included where it informs the aims of this review. The scope of the review is limited to the past decade.

### 2.1.1 FtP and Pre-Registration Nursing Students

A search for key terms such as *fitness to practise*, *nursing students*, competence, *professionalism*, and *good character* in CINHALL and ERIC retrieved 9 publications of relevance to FtP processes and pre-registration nursing students (details given in Table 1, Appendix 1). These include: 6 research studies (Devereux et al., 2012, Unsworth, 2011, Holland et al., 2010, Tee and Jowett, 2009, Sin and Fong, 2008, Jomeen et al., 2008); 1 report of practice (Ellis et al., 2011); and 2 discussion papers (David and Lee-Woolf, 2010, Sellman, 2007). These publications are discussed in more detail in Section 2.2.

### 2.1.2 FtP and Students in Disciplines Other Than Nursing

A wider search for ‘fitness to practise’ retrieved a further 83 publications which cover FtP issues for registered nurses, and for students in various health and social care disciplines, most notably medical students (cf. Whiting, 2007). Most of the general FtP literature consists of discussion papers or opinion pieces (cf. Som, 2013, Ellis, 2012, Forde, 2009, Whiting, 2007, David and Ellson, 2010). This review has included a small number of research studies which concern FtP of pre-registration students in disciplines other than nursing, and which contribute to the focus of the study aims (details given in Table 2, Appendix 1).

### 2.1.3 Regulatory Framework and Policy Documents

UK health regulators have issued standards, advice and guidance on FtP processes for pre-registration students. These vary as to the detail of guidance given and the degree to which FtP is devolved to HEIs. Some regulators, such as the NMC, provide broad advice on principles underlying FtP, and others, such as the General Medical Council (GMC) or the General Chiropractic Council (GCC) provide more detailed guidance on FtP processes. This review has therefore explored both the guidance issued by the NMC and also that issued by other health regulators. Documents included in the review are shown in Table 3, Appendix 1.

## 2.2 FtP and Pre-registration Nursing Students: Policy and Research

### 2.2.1 NMC Guidance

In accordance with the 2001 Nursing and Midwifery Order, the NMC requires that registered nurses be of ‘good health and good character’. The NMC sets the requirements for entry to, and continuation on, nursing courses. At the point of registration a registered nurse who has responsibility for the student’s education must provide a supporting statement attesting to the student’s fitness for practice (Nursing and Midwifery Council, 2010).

NMC guidance on FtP and pre-registration nursing students comes mainly from two documents: *Guidance on Professional Conduct. For nursing and midwifery students*, and *Good health and good character: Guidance for approved education institutions* (Nursing and Midwifery Council, 2010, Nursing and Midwifery Council, 2011).

In 2008 the NMC issued new guidance on good health and good character to providers of nurse education, and from 2009 all providers have been required to have FtP processes in place in order to deal with health and character problems (Nursing and Midwifery Council,

2010). In 2010, the NMC guidance on good health and good character was amended in response to the 2010 Equality Act.

In this section the key elements of FtP articulated through the NMC guidance are discussed with reference to the FtP literature, and to the advice, guidance and standards produced by other healthcare regulators.

### **2.2.2 Good Character**

The NMC (2010: 8) broadly defines good character as “based on an individual’s conduct, behaviour and attitude”, including conduct in personal life. The assessment of character takes account of criminal convictions, and HEIs are required to carry out a Disclosure Scotland check on all applicants (Nursing and Midwifery Council, 2010). In 2011 the Scottish Government introduced the Protecting Vulnerable Groups scheme, which continuously monitors its members (Disclosure Scotland, 2011). Once on a course, students must also inform their HEI of any changes to their character status (Nursing and Midwifery Council, 2010).

Sellman (2007) problematises the action of attesting to a student’s good character. He argues that guidance on how HEIs are to assess good character is overly simple. Conceptualisations of good character tend to rely on the assumption that character traits are enduring or fixed, and are expressed in behaviour, assumptions which are open to challenge (Sellman, 2007). Sellman (2007) maintains that the requirement of good character adds a normalising dimension to FtP in which the internal world of the nurse is understood as contributing to his/her FtP as well as external competencies (Sellman, 2007). This internal, dispositional quality of good character is difficult for HEIs to measure, and requires an understanding of nursing curricula as a form of moral education as well as a technical and intellectual education (Sellman, 2007).

The Department of Health (2006) has recommended that there should be a common approach to the understanding of good character across healthcare professions. In support of this the Council for Healthcare Regulatory Excellence (CHRE) (2008)<sup>1</sup>, argue that among other things this would ensure that students aspiring to join a healthcare profession would clearly understand what was required of them in order to demonstrate good character.

The CHRE (2008) does not formally define the concept of good character, but seeks instead to provide underlying principles. Good character is a “dynamic” concept: it is enacted in relation to other people, it is located in the context of changing social norms, and it takes account of the ability to reflect on past actions and the development of insight into past conduct (Council for Healthcare Regulatory Excellence, 2008: 2-3). The CHRE (2008: 10-11) advises that the assessment of good character be in line with the core principles of: protection of the public, maintain public confidence in a profession, “acting in accordance with the standards of the profession”, and “honesty and trustworthiness”.

Assessment of good character can be based on negative or positive features. For example, good character can be the assessment that a candidate will not and has not acted in ways

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<sup>1</sup> The Council for Healthcare Regulatory Excellence is now called the Professional Standards Authority for Health and Social Care

which will risk harm to the public, “undermine public confidence”, show an “unwillingness to act in accordance with the standards of the profession”, or act dishonestly (Council for Healthcare Regulatory Excellence, 2008: 2). Alternatively good character can be assessed positively, as the possession of qualities such as: commitment to the well-being of others, justifying public confidence, acting according to professional standards, being honest and trustworthy (Council for Healthcare Regulatory Excellence, 2008).

However, the CHRE (2008: 12) argues that it is important for regulators to be realistic about their ability to determine a person’s good character.

“The regulators cannot assure that an individual possesses [positive character traits] only that given the evidence available it is not reasonable to believe the individual lacks them”

### 2.2.2.1 Professional Behaviour

Often overlapping the concept of good character is that of *professionalism* or *professional behaviour*. Boak et al. (2012) (see Table 2, Appendix 1 for details) found that the concept of professionalism was mainly used in literature on FtP and medical students. Professionalism was defined in a variety of ways, and could include aspects of character and ethical behaviour, as well as skill and competence (Boak et al., 2012). The NMC (2008) advises nursing students that standards of professional behaviour are based on the Code of Conduct, therefore connecting the concept of good character to professionalism.

### 2.2.2.2 Good Character - Summary

Good character is a key component of a student’s FtP, and HEIs are required to testify to students’ good character in recognition of the position of public trust occupied by nurses. Assessment of good character is therefore about protecting the public and maintaining trust in the profession. The term is complex, describing aspects of personality and behaviour which occur in relation to others, and in the context of social norms. In the context of pre-registration nursing students, good character is specifically framed in terms of adherence to a professional code of conduct and norms of professional behaviour. Assessment of good character incorporates a moral, subjective dimension, and assessors must acknowledge the limitations of any such assessment.

### 2.2.3 Good Health

Alongside good character, the NMC requires that a registrant must be of ‘good health’. Good health is defined as meaning that “a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition” (Nursing and Midwifery Council, 2010: 8). In contrast, ‘poor health’ is when an individual is “affected by a physical or mental health condition that impairs their ability to practise without supervision” (Nursing and Midwifery Council, 2010: 8). The assessment of health “should focus on what reasonable adjustments can be made to support the applicant” (Nursing and Midwifery Council, 2010: 8). The NMC advises that a key aspect of HEIs’ responsibilities in FtP is the making of reasonable adjustments to support students. For example, an individual

who carries a blood borne disease can be considered fit for practice with some restrictions such as the avoidance of exposure prone procedures (General Medical Council, 2009).

### 2.2.3.1 Good Health and Disability Discrimination

The Disability Rights Commission (DRC) (2007) report *Maintaining Standards* (see also Sin and Fong, 2008 Table 1, Appendix 1), presents the results of an investigation into the professional regulation of health and social care professions in line with the 1995 Disability Discrimination Act. The DRC (2007) levied a number of criticisms at the good health requirements made by regulators, arguing that requirements provided an obstacle to disabled peoples' involvement in these professions, and did nothing to protect the public. The DRC (2007) investigation also uncovered anecdotal evidence that HEIs sometimes discriminate against students on the basis of misapplied 'good health' requirements. The DRC (2007) advise that HEIs should avoid making assumptions about professional competence based on an individual's health condition, and occupational health services should have an enabling role focused on the making of reasonable adjustments to enable disabled students to undertake courses and placements, and not on medical diagnosis (DRC 2007).

Building on the DRC (2007) report, the use of the concept good health is criticised by Sin and Fong (2008), and the CHRE (2009). Sin and Fong (2008) argue that the concept is open to a variety of interpretations and is not accompanied by clear guidance on how the good health requirement should be implemented. The CHRE (2009) point out that while FtP may be impaired because of health problems, it is the candidate's fitness for practice, not their health status which determines their acceptance onto a register:

“The diagnosis of a health condition does not provide reasons to conclude that in practice a person would pose a risk to the safety of patients or other members of the public.” (Council for Healthcare Regulatory Excellence, 2009: 5-6)

The CHRE (2009) advise that a registrant's health condition should only be considered as part of their fitness for practice when it gives rise to, or is accompanied by, a failure to comply with professional standards and values. Clarification of the role of health in FtP would reduce discrimination by making sure that both individuals and organisations properly understood their rights and responsibilities (CHRE 2009).

The NMC have acknowledged the requirement to make reasonable adjustments, and clearly stated that they do not discriminate against disabled people, but nevertheless continue to frame the disclosure of health conditions in terms of impaired fitness for practice.

“We do not discriminate against people with disabilities by, for example having ‘blanket bans’ on particular impairments or health conditions... Where applicants to programmes, students, or nurses and midwives declare disabilities or health conditions, impairment of fitness to practise is considered on an individual basis” (Nursing and Midwifery Council, 2010: 7)

This approach may be obstructive towards individuals applying for entry to nursing courses, and may conflict with the DRC's (2007) stipulation that disabled applicants to programmes should not have to prove a fitness to practise level that is greater than that required from non-disabled applicants. The NMC has also been criticised for failing to provide clear guidance on what constitutes reasonable adjustments (Sin and Fong, 2008).

### 2.2.3.2 Disclosure of Health Conditions

The assessment of good health relies to a great extent on the disclosure of health conditions by students, and nursing students have a statutory duty to disclose health conditions to their HEI. The NMC (2010: 9) advise that HEIs should “foster an inclusive environment which encourages students to disclose disabilities and health conditions safely”. As a part of this HEI staff should have disability equality training and work with their institution’s disability service to ensure that processes are safe and non-discriminatory (Nursing and Midwifery Council, 2010).

A study by Devereux et al. (2012) (see Figure 1) investigates why students may conceal health issues. The researchers found that a significant number of students had concealed health conditions either when applying or during their course, in many cases because they were afraid of discrimination (Devereux et al., 2012). The study reveals a widespread lack of understanding about FtP and how health conditions might impact on FtP. The authors subsequently developed an information resource aimed at educating students about the meaning of FtP, and the reasons why universities need to know about health or disability issues. The resource includes student accounts of FtP experiences, and information about learning support and the occupational health service<sup>2</sup>.

### 2.2.3.3 Good Health - Summary

Good health accompanies good character as a component of FtP, and HEIs are responsible for attesting to a student’s good health. The concept of good health has been criticised as potentially discriminatory. A disability or health condition does not preclude practice as a nurse, and students’ health should only be subject to FtP assessment where there is a concern that the student’s competence is impaired. HEIs have a responsibility to make reasonable adjustments to enable disabled students to participate in nursing courses. There is evidence that students have been discriminated against on the grounds of health, and that students are afraid of being stigmatised if they disclose health conditions. Where there is a lack of clear guidance from the regulator on issues such as good health and reasonable adjustments, HEIs must ensure that their policies and processes are clear and non-discriminatory.

## 2.2.4 Fitness to Practise

“The term ‘fitness to practise’ relates to whether someone meets the standards a regulatory body sets for competence or conduct; it is used as a term for a particular legal purpose.” (CHRE 2009: 8)

Historically FtP discourses have focused on technical competencies (Holland et al., 2010). However reviewing the implementation of FtP curricula in Scotland, Holland et al. (2010) found that FtP was also composed of psychosocial elements such as the ability to reflect and learn from practice, and the development of self-confidence. A conceptual analysis by Wright et al. (2011: 8) also incorporates technical, psychosocial and ethical elements into FtP: “clinical competence”, “professional conduct”, “regulation (self/organisational)”, “awareness (self/others)”, and “accountability”.

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<sup>2</sup> See: <http://www.edgehill.ac.uk/health/f2p/>

The NMC (2010) stipulates that HEIs must assess potential students' FtP during the application process, and continuing students should be asked to make an annual declaration of good health and good character. In order to be fit for practice at the point of registration the student must have achieved the required competencies (Nursing and Midwifery Council, 2010). This does not mean that they must be able to work in all areas of practice. Students are advised that "being fit to practise means having the skills, knowledge, good health and good character to do your job safely and effectively" (Nursing and Midwifery Council, 2011: 5). Eight areas are identified which may impair a student's FtP: "aggressive, violent or threatening behaviour", "cheating or plagiarising", "criminal conviction or caution", "dishonesty", "drug or alcohol misuse", "health concerns", "persistent inappropriate attitude or behaviour", and "unprofessional behaviour" (Nursing and Midwifery Council, 2011: 7-8).

#### 2.2.4.1 FtP Processes

The NMC gives general rather than directive guidance on when and how HEI FtP processes might be used (Nursing and Midwifery Council, 2010). Guidance states that FtP committees are to include representation from both the HEI and local health service, there should be a representative from the same part of the register as the student, and if possible a lay representative (Nursing and Midwifery Council, 2010). The NMC (2010) recommends that students should only be referred to an FtP hearing if there is a public protection issue, and that outside of this other sources of support should be accessed.

Other regulators provide more detailed guidance on FtP processes. For example, the GMC (2009), the General Dental Council (GDC) (2010), (whose guidelines draw upon those of the GMC), the General Pharmaceutical Council (2010) (GPhC), and the General Chiropractic Council (2012) (GCC), provide guidance as to the conduct of FtP processes in HEIs. The GMC's (2009: 43) guidance is structured according to the following principles:

- awareness and education
- communication
- confidentiality and disclosure
- the roles of personal tutors, investigators and panel members
- applying the threshold of student fitness to practise
- timescales
- panel composition and training
- hearings
- support for medical students
- appeals.

Description of FtP processes includes the duty of the HEI to properly inform students about FtP requirements, to support the development of professional behaviour, the raising of FtP concerns, the support of students whose FtP is under investigation, the role of FtP investigators, the conduct of the panel, and outcomes and sanctions (General Chiropractic Council, 2012, General Medical Council, 2009). The GMC (2009), GDC (2010) and GPhC (2010) employ the concept of a 'threshold of fitness to practise' and consider how schools can identify when a student has crossed the threshold.



The GMC (2009) advises that it is important to distinguish between the role of the FtP investigator and that of the FtP panel. It is the role of the investigator to gather and weigh evidence about the student's FtP, and to decide whether the case must be referred to an FtP panel. Decisions taken by the investigator or the panel must balance protection of the public with the interests of the student. The panel should also consider mitigating factors.

#### 2.2.4.2 Enforcing FtP Guidance

It is unclear to what extent the NMC guidance on FtP is enforceable. In contrast guidance published by the General Medical Council (2009: 5) (GMC), is explicitly described as “advisory rather than mandatory”, although where medical schools fail to comply with the GMC's guidance this may affect the GMC quality assurance report.

At present there is no requirement for HEIs to tell the NMC about FtP processes which occur during a student's education. This contrasts with guidance from the General Chiropractic Council (2012: 4) (GCC) which stipulates that HEIs “must tell the GCC about any sanctions that have been imposed on a student by a student fitness-to- practise panel at any level in the institution”.

#### 2.2.4.3 Devolution of FtP Processes

The NMC gives general guidance on FtP processes, devolving responsibility for these to the HEIs. The policies and procedures developed by HEIs in the UK have been investigated by Unsworth (2011), who used the Freedom of Information Act to collect data from HEIs. Unsworth (2011) found that while some HEIs had developed specific processes for nursing students, others relied on general university FtP processes. Comparing these Unsworth (2011) observes that:

- General FtP policies do not define what constitutes ‘professional sustainability’ or ‘impaired fitness to practise’. Often these policies deal only with academic or conduct issues, not health issues. The justification for procedures and sanctions is often unclear. There could be a conflict of responsibility where a senior member of the university was able to over-rule the FtP committee decision:

“While the Vice Chancellor could reinstate a student on appeal, the decision as to whether the registrant has a sufficiently good character and good health to be admitted to the register rests with the NMC Registrar, having taken advice from other registrants via a signed or not signed declaration of good health and good character from the HEI. A Vice Chancellor *would not be able to direct a programme manager or any other registrant to sign such a declaration* if the registrant (the programme manager) was of the opinion that the student was not professionally suitable or fit to practise.” (Unsworth, 2011: 469 *Italics added*)

- More than half of the nursing-specific FtP policies reviewed also fail to define ‘impaired fitness to practise’. These policies do deal with health issues, but do not cite lack of competence as an FtP issue, perhaps because lack of competence is assumed to be dealt with through normal academic processes (Unsworth, 2011). As with the general policies, the justification for processes, sanctions and decision-making is often unclear, rendering FtP decisions open to challenge.

Unsworth (2011) concludes that a lack of clarity and explicit processes in FtP policies renders them open to challenge, weakening the system of self-regulation because unfit students might be able to overturn FtP decisions on the ground of technicalities.

#### 2.2.4.4 Principles for Good FtP Practice

David and Lee-Woolf (2010) have laid out some of the principles which should underpin FtP processes in HEIs. The authors argue that central to good FtP practice is understanding the difference between registered nurses, and student nurses who are learning and have the right to receive feedback. This means that student FtP hearings must apply standards appropriate to the stage of the student's career. An example of this kind of developmental approach to FtP can be found in the GCC (2012) guidelines for HEIs, which state that students' understanding of FtP, and their ability to behave professionally will develop over the course of their training. Student FtP hearings also lack the legal framework of NMC hearings: parties are not usually represented by lawyers, and committees cannot issue summons (David and Lee-Woolf, 2010). Except in very serious cases, David and Lee-Woolf (2010) recommend that students should always have been given a clear, written warning before being referred for an FtP hearing.

David and Lee-Woolf (2010) offer the following guidelines for the conduct of FtP hearings:

- FtP processes are determined by the NMC guidelines and local policy.
- FtP committees should include representation from the school, the local healthcare authority and a registered nurse from the same field of practice as the student.
- Students should be invited to attend hearings and encouraged to bring a supporter.
- All those involved must be given all documents of the case in advance of the hearing.
- Hearings usually take the form of "the school to present the case, followed by any witnesses, with the student then responding" (David and Lee-Woolf, 2010: 24).
- Questioning should not be "confrontational or oppressive" (David and Lee-Woolf, 2010: 24) but should be aimed at establishing an understanding of the case.
- Sanctions should be graduated, and if there is an 'other options' sanction this may be helpful for students who are having difficulties.
- Students who continue studying may have progress meetings with the committee.
- Appeals can be made to the university, to the Office of the Independent Adjudicator, and to the High Court.

A number of detailed recommendations for good FtP practice have also been proposed by Boak et al. (2012), deriving from their review of the health and social care FtP literature. These include:

- FtP guidance should describe what constitutes fitness and impaired fitness for practice, including examples of good academic conduct.
- FtP guidance should recognise the complexity of FtP judgments and the importance of understanding the context of any problems including the student's stage of development.
- HEIs should proactively support, develop and assess FtP.

- FtP processes should be graduated, timely, robust, documented, reliable and consistent.
- FtP processes should be subject to evaluation and review.

#### 2.2.4.5 Student Support

The NMC (2010) considers the need for student support with regard to the assessment and support of students with health conditions. Other regulators such as the GMC (2009), the GPhC (2010), and the GCC (2012), discuss student support more generally, advising that pastoral support should be in place to allow students to seek help before FtP concerns are raised, and also to provide support alongside FtP processes.

Ellis et al. (2011) describe how the University of Manchester has implemented a programme to support students at FtP hearings. The Manchester FtP committees do not deal with academic issues, but focus on issues of conduct and ill health. Previously, although students were entitled to external representation and support, they often relied on the support of teaching staff. Ellis et al. (2011) argue that the appointment of a student support officer provides students with an emotional and practical resource before, during and after hearings. Before the hearing, the support officer can facilitate students' preparation e.g. finding representation, preparing a written statement, reflecting on events leading up to the case, identifying mitigating circumstances, preparing supporting evidence such as a letter from a personal tutor. During the hearing the support officer can act as an emotional support and a sounding board (but cannot advise students on how to proceed). After the hearing the support officer can provide students with advice and emotional support.

#### 2.2.4.6 Fitness to Practise - Summary

NMC guidance on FtP processes is non-directive, and devolves responsibility for development of policies and processes to HEIs. Other regulators, notably the GMC, provide more detailed guidance which may be of some relevance to HEIs developing FtP processes for nursing students. There is evidence that HEI FtP policies lack clarity, rendering them open to legal challenge. It is important that key concepts and procedures are clearly delineated and decision-making processes are robust. The FtP literature contains discussions of the principles underpinning FtP which may aid HEIs in creating robust processes. Support for students is an important component of FtP, both in the form of pastoral care which may prevent problems from developing and as support during FtP investigations.

### 2.3 Summary

FtP is a complex concept which is variably interpreted in different health and social care disciplines, albeit with areas of common understanding. Most fundamentally, FtP is a legal term, used to indicate that an individual meets the professional competency standards set by the regulator (Council for Healthcare Regulatory Excellence, 2009).

The NMC's guidance on student FtP is general rather than directive, and responsibility for developing FtP policies and processes is devolved to HEIs. HEIs are responsible for ensuring that pre-registration nursing students are fit to practise both during their education and at the

point of registration. As part of this responsibility, HEIs must testify as to the good health and good character of their students. These concepts have been problematised in the literature. The term good health may be interpreted in ways which lead to discrimination against students with a disability or health condition. The term good character refers to both the student's conduct, and to less tangible personal qualities which may be difficult to evaluate.

Evidence from the literature suggests that FtP policies and processes can be inconsistent, lacking in clarity, and open to legal challenge. However there is also some evidence of good practice, and of the development of principles which could underpin good FtP practices. HEIs may also be able to draw on advice and guidance developed in other healthcare disciplines to inform FtP processes for pre-registration nursing students.

### 3 Data Collection and Analysis

In January 2014 contact was made with all eleven Scottish HEIs which provide pre-registration nursing programmes. Ethical approval was sought and obtained from the principal investigator's HEI and evidence of this supplied to all the HEIs in Scotland. In February and March 2014, semi-structured interviews were carried out with a total of eleven representatives from nine of the HEIs. Interview data were analysed using thematic coding. NVivo 10 was used to manage data analysis. Data were also collected in the form of policy and process documents, and these were used to inform the interviews, and to give insight into the FtP processes at different HEIs. Documentary data also informed and contextualised the analysis of the interviews. Where possible FtP case numbers were also collected from each HEI for the period 2011-2014.

Analytic themes identified in the interview data have been grouped under the following broad headings: *The Stages of FtP Processes*; *Principles and Concepts Underpinning FtP*; *Knowledge and Understanding of FtP*; *Good Practice*; and *Issues and Challenges*. These themes are explored in Part Two.

## Part Two: Project Findings

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### 4 Introduction

Part Two of this report presents the project findings, organised according to five major themes which emerge from analysis of the data: *The Stages of FtP Processes*; *Principles and Concepts Underpinning FtP*; *Knowledge and Understanding of FtP*; *Good Practice*; and *Issues and Challenges*. Before exploring these themes, however, we shall discuss the significance of context in the development of FtP processes, and the impact of context on the comparability and auditability of FtP processes between HEIs.

#### 4.1 FtP in Scottish HEIs

The kinds of FtP cases with which Scottish HEIs are presented mostly pertain to matters of *good character*. That is: unprofessional behaviour, criminal behaviour, failure to disclose issues related to FtP, and dishonesty. A minority of cases are connected to health problems. The HEI representatives interviewed for this study identified broadly similar trends, such as an increase in FtP cases related to the use of social networking. However, despite these broad similarities in the kinds of issues being dealt with, there is a considerable variety of FtP processes between the HEIs. In part this variety is attributable to the importance of context in shaping FtP processes.

Elements of context include the structure of the university, the characteristics of the student population, the influence of stakeholders and the unique context of each FtP case.

Differences in institutional context which influence FtP processes include:

- Cohort size.
- Programmes run across more than one campus.
- The location of a programme within the university e.g. relation to other subject areas.
- The relationship between FtP processes and other university disciplinary processes.
- Students in part time employment as a requirement of the programme.
- Demographic and cultural profile of the student population.
- Final year students are already on the NMC register.

Each individual case also has its own unique set of circumstances which determine how the case is evaluated. The severity of a problem and the outcomes of the FtP process depend upon the evaluation of a number of related factors. These factors commonly include:

- The student's stage in the programme.
- Mitigating factors.
- History of the problem.
- What attempts have already been made to resolve the problem?
- The student's level of self-awareness and understanding of the issue.

Outside of the HEI, a number of groups have a stake in the FtP process, and have varying degrees of influence over FtP processes. These include:

- The NMC

- Health boards and practice partners
- The public.
- Professional and student unions

The importance of context and the individual nature of FtP cases pose a challenge for HEIs in the creation of consistent FtP evaluations. Consistency is an issue both within and between HEIs. Within HEIs there is the challenge of ensuring that cases are subject to equitable decision-making. Between HEIs there is the challenge of ensuring that FtP processes are nationally consistent. The NMC's policy of devolving responsibility to HEIs means that there is little central guidance which an HEI can draw on to assess whether their FtP processes are consistent with those of other HEIs. It is important that HEIs develop equitable processes given the NMC's requirement that students should be able to transfer between HEIs if they wish. Arguably when different parameters for FtP exist this can be difficult for students to understand.

#### **4.1.1 Auditing FtP**

As part of this project case numbers were collected from the participating HEIs. Eight of the HEIs were able to provide case numbers for the year 2012-2013. The total number of cases reported was 68.

The collection of case numbers highlighted the impossibility of auditing FtP processes under the present conditions. Not all HEIs keep a database of cases, so numbers are not readily accessible. Some HEIs counted all cases in which there was involvement of the FtP lead or the identification of an FtP concern, while others only counted those cases which went to a formal FtP hearing. Furthermore, the different terms used to describe FtP processes mean that levels of cases cannot be compared across HEIs. Currently, therefore, it is not possible to provide a meaningful or accurate representation of numbers of FtP cases in Scottish HEIs. What the number of cases given in this report does show is that while numbers in individual HEIs may be small, there are significant numbers of FtP cases across Scotland as a whole.

## 5 The Stages of FtP Processes

The data collected for this study contains a variety of terms describing the structures and processes of institutions and their FtP policies and processes. In order to facilitate a clear and meaningful comparison of the FtP processes in operation in Scottish HEIs this report makes use of a generic set of terms to describe institutional features and individual roles (see Glossary, Appendix 2). The report also formulates a template based on four different elements of an FtP process (see Figure 1). While not every HEI structures FtP in the same way, the template represents a summation of FtP processes in the HEIs.

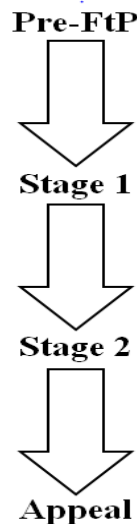


Figure 1. Template of FtP Process

### 5.1 Pre-FtP

*"I think that pre-referral stage, although it's informal... I think that's really really helpful... although we don't have that formalised in the university processes, that does happen" (HEI Rep 11)*

The Pre-FtP stage describes the informal and supportive processes which occur before a problem is formally identified as an FtP issue. During the Pre-FtP stage, problems such as plagiarism may be dealt under other university regulations, but may be referred for an FtP investigation at a later stage. Before the instigation of FtP processes students have often been identified as having extra support needs, and supportive measures such as the making of reasonable adjustments or the use of learning support have been instigated.

During this pre-stage the HEI builds a picture of the student's progress, monitors what support mechanisms have been put in place, and documents concerns raised and actions taken.

*"we hear that on placement they're not completely happy with how the student is doing, and we bring the student in and hear about what's going on at home, and we say 'well if that's the case let's look at counselling, let's look at X and see what we can put in, and let's give you a little period of time to get better and see how it is, but actually if you're not then we really need to look at FtP'. So they know that they really need to engage with trying to sort that out themselves, they know that this isn't the kind of thing that can be allowed to carry on and continue" (HEI Rep 3)*

It may be helpful at this stage for the student to be made aware that the problem may have an impact on their FtP, introducing this in a gradual way and reinforcing the need to take preventative action.

*"at the alert stage [pre-FtP] it's almost an alert to the student or the applicant 'be careful, this could impact on your progress on the programme, you need to have the highest standards of behaviour' " (HEI Rep 6)*

### 5.1.1 The Pre-FtP/Stage 1 Threshold

*Thresholds* are an important part of the FtP process. HEIs must determine when a case crosses the threshold between one stage and the next.

Interviewees' accounts showed that the escalation to Stage 1 could be relatively straightforward, with a clear issue around the student's FtP. However interviewees also described cases in which there was a gradual build-up of minor problems which combined to escalate the case.

*"If a student has more than two causes for concern then we are alerted to that by our practice learning team" (HEI Rep 1).*

The threshold between the Pre-FtP stage and Stage 1 requires the HEI to make a judgment about what constitutes impaired FtP. For example, in most HEIs, drug errors and plagiarism were not routinely treated as an FtP issue. In order for these kinds of issues to be referred to Stage 1 there had to be a serious concern about the student's competency or honesty.

*"it's the dishonesty, the lack of integrity, the lack of ability to say 'I've done wrong for whatever reason' and to have insight and take ownership of what they've done" (HEI Rep 4)*

*"making an error is not necessarily incompatible with the code, that's just a human failure... if you're not competent because you didn't attend class... that's different" (HEI Rep 5)*

In some HEIs a student who went through university disciplinary procedures was automatically reviewed through FtP, while in others the student was only taken through one process.

*"if it's a student nurse... that goes to the student disciplinary panel... whether they're found guilty or not guilty they're still referred to us for us to then make a decision as to whether there's an issue around the student's honesty" (HEI Rep 7)*

*"if somebody has been punished in the university academic misconduct process... then they've been punished as such, so are we going to do a double whammy and say 'we're going to take you to a fitness to practise panel'? ... if it's the first time plagiarising and they've been punished, that wouldn't be an automatic fitness to practise" (HEI Rep 1)*



Generally health issues were not dealt with through FtP processes, however a student could be referred to Stage 1 where their health issue impeded their ability to participate in the programme, or combined with other problems which impair their FtP.

*"We've yet to have a health problem which is a fitness to practise problem issue because of the health problem. It's because of the impact it's had on students' ability to attend theoretical classes." (HEI Rep 5)*

## 5.2 Stage 1

This stage describes the point at which a concern is dealt with as an FtP issue. In some institutions Stage 1 is the first part of formal FtP processes. In others Stage 1 is regarded as a pre-FtP stage, but the student's problem is identified as an FtP problem. It is this identification of the problem as connected to FtP which distinguishes Stage 1 in the template.

This stage allows HEIs to address FtP concerns without proceeding immediately to a formal hearing, making the FtP process more nuanced and more supportive for the student. By providing the opportunity to investigate a case and to put an action plan in place, Stage 1 may also help to prevent cases from escalating in seriousness, and also function as a learning process for the student.

*"I want to encourage a learning environment... I always say to the students in [Stage 1] meetings 'I don't expect perfection, I expect you to learn from what you are doing'. Yes it's about us keeping some level of control, but it's also about learning and putting things in place" (HEI Rep 2)*

Stage 1 was usually overseen by the FtP lead, but might also require other members of staff to gather evidence about the case, and the decision making process could take place in a committee.

### 5.2.1 Investigation

An important element of Stage 1 is the investigation of the problem.

*"you want to get as much information that will help you with your decision making process" (HEI Rep 1)*

*"we view it as an evidence gathering situation to see whether or not the whole situation warrants progressing to [Stage 2]" (HEI Rep 3).*

Investigations during Stage 1 may be carried out by the FtP lead or another member of academic staff. Typically investigations include the gathering of documentation such as the student's academic and placement records. Information might also be collected from third parties, such as other academic staff, or clinical placement staff. Some HEIs gathered information in documentary form only, while others conducted interviews with witnesses.

### 5.2.2 Discussion

Stage 1 also involves the discussion of the problem between members of academic staff and the student. This is likely to incorporate preliminary, informal discussions through which the student is informed that an issue has been raised. There may also be a meeting with the student specifically to gather evidence about the case.

In most HEIs this meeting with the student was a formal part of the Stage 1 process. During the meeting the FtP lead would discuss the case with the student, and the student would have the opportunity to present their own perspective. The meeting could have a number of possible outcomes, ranging from 'no case to answer', to the agreement of an action plan, to the implementation of minor sanctions, to a decision to refer the case to Stage 2.

In some HEIs the student was not present when the case was discussed. The student's perspective on the case was gathered through an investigatory interview with the student, and the case was then discussed by a committee whose membership might include academic staff and nurses from the same part of the register as the student. In all HEIs the outcomes of a Stage 1 process were discussed with the student.

Discussion and communication with the student is a part of supporting the student through Stage 1.

*"support at Stage 1 tends to be quite general, making sure they have everything they need, making sure they have the right documents, that they've read everything they should have read" (HEI Rep 4)*

### 5.2.3 Decision Making

Stage 1 requires the HEI to determine the risk and seriousness of a case, to evaluate mitigating circumstances, and to decide what the outcome should be. Decision making is complex. Each FtP case involves a unique combination of factors, and interviewees observed that FtP is a continually changing area. For example, recent years have seen the development of new FtP issues such as the use of social networking sites, or the use of smart phones while in clinical settings. Equally, even in those HEIs with larger cohorts, numbers of FtP cases remain relatively small, and so it can be difficult for HEIs to build a base of knowledge and experience of FtP processes within the academic body.

The evaluation of an FtP case is a normative process. The subjectivity of decision making is therefore an essential part of FtP processes, but this also entails the risk that decisions will be inconsistent and inequitable. To reduce this risk, several interviewees emphasised that decision making at all stages should be a collaborative process, and argued that this created a better quality process.

*"other members of the group will throw in... a controversial view or 'have we thought about it from this perspective?'... We've had robust discussions" (HEI Rep 8)*

*"we're trying to find the fairest decision for those who are affected by the outcome and that includes patients, the programme team, the student as well. So*

*it's important that it's a decision that we all feel comfortable with and it's important that there's evidence to support the decision we arrive at... we feel that we have made decisions which are fair and consistent and which we stand by"* (HEI Rep 7)

When evaluating a case, the student's stage of development was key for all the interviewees. Students were understood as being in the process of learning and developing, and FtP issues were judged in that context, although the seriousness of the case might out-weigh developmental considerations.

*"What's okay with a first year might not be with a third year. Although there is a bottom line, some things are never okay"* (HEI Rep 5)

*"At the beginning of a student's programme a one-off incident of inappropriate, drunken behaviour is not likely to go to fitness to practise. I'd be saying to the personal tutor 'you need to have a word with that [student] and have a word with everybody else'. Later on in a programme you'd expect more, and if it's repeated behaviour and 'yes, but your personal tutor's already spoken to you about this'. That becomes a professional issue. That's part of the development side of it"* (HEI Rep 2)

#### **5.2.4 The Stage 1 / Stage 2 Threshold**

Cases cross the Stage 1/Stage 2 threshold due to: *"seriousness, repetition, confusion and disagreement"* (HEI Rep 2). The HEI considers issues such as what risk the student poses to public safety; whether a problem has reoccurred after measures have been implemented at Stage 1 (or if a problem behaviour has occurred more than once); if a student refuses to accept the outcome of Stage 1; or if a case is extremely complex and requires a more formal investigation and hearing. The HEI may also consider how likely it is that a problem can be resolved.

*"[a case is stage 1] if it's something that we feel that it can be resolved with monitoring, with support. That the student's showing insight, taking on board what we're saying, and if we feel that if the issue should happen again there is not that immediate threat to public safety"* (HEI Rep 4)

Normally a case will pass through Stage 1 before proceeding to Stage 2. However *"a very serious case... for example serious criminal behaviour"* (HEI Rep 2) might be referred straight to Stage 2. A case may also be referred directly to Stage 2 where a problem has reoccurred after the student has already gone through a Stage 1 process. In most HEIs this was an accepted strategy, however one HEI reported that professional unions had challenged the referral of cases straight to Stage 2, insisting that cases be first evaluated at Stage 1.

One HEI has developed a risk assessment form which is completed by the FtP committee, and it is felt that this provides some guidance as to the degree of seriousness of the case, and makes the process more robust

*"we feel [the risk assessment form] helps capture the discussion, and the reasons for the decision"* (HEI Rep 8)

### 5.3 Stage 2

In all the HEIs Stage 2 was a formal process involving a committee hearing. Generally the majority of investigatory work was completed at Stage 1, although new evidence could be presented at Stage 2. The student was sent a letter informing them that their case had been referred to Stage 2, although they would usually have also been told this informally.

#### 5.3.1 The FtP Committee

##### 5.3.1.1 Membership

The size and composition of FtP committees varied, but most HEIs strove to ensure that there was adequate representation while not making the committee too large. Usually committees included a representative from the same part of the register as the student (in accordance with NMC guidance) although this requirement was not always stated very clearly in the FtP policy. Committees also included a Chair and a member of clerical staff who kept minutes. There might also be other academic staff from the School, a representative of the practice area, academic staff from other subject areas, and a lay member. In most cases the lay member was a member of university staff from another subject area, but one HEI used community volunteers as lay members. Most HEIs did not include a student on the committee. Those who did argued that a student member is able to provide insight into the student perspective.

*"The student is usually the School student president, an elected position from the student body, as long as they are not from the same cohort of students as the student. And their role is the same as anybody else's on the committee, to provide a voice. To provide that student level of one. Because a number of cases are about student behaviour on placement, or they're talking about student interpersonal interactions. And the student [committee member] can provide the committee with the example 'well this is how students interact, this is what's expected of us on placement. When the student [under investigation] says this is what happens on placement, well no, it doesn't.' Because we [members of staff] can't do that. We can't say the students are treated like A, B and C in practice, whereas a senior student can say 'yes we are'" (HEI Rep 2)*

One HEI also tried to "get a balance of gender and ethnicity too" (HEI Rep 6), on the grounds that this helps to reduce discrimination and help the student to feel more comfortable.

Some HEIs included a committee member with legal experience. In two institutions this member was expected to advise the committee on legal issues, while in others this was an academic member of staff from the Law School, who filled the position of lay member.

##### 5.3.1.2 Location in the University

FtP Committees were located differently within university structures. In some HEIs the committee only dealt with nursing FtP, while in others the committee heard cases from other subject areas as well as nursing. In one HEI the committee was drawn from another School,

and so was composed of representatives from other subject areas (not nursing). In two HEIs the FtP committee could not impose sanctions and so more serious, Stage 2 cases were referred on to a general university committee and the FtP committee gave advice and made recommendations to the university committee.

While some interviewees argued that general university procedures could conflict with the special priorities of FtP, one interviewee argued that the involvement of a general university committee provided a useful quality control mechanism for the FtP process:

*"it's really good because it provides independence... I think we have an obligation to make it clear why we're doing what we're doing. If the central disciplinary committee don't understand it, will our students understand it? So it's quite a good acid test... it's quality control"* (HEI Rep 6)

### 5.3.1.3 Procedure

Stage 2 committee proceedings seem to incorporate broadly similar elements: The committee reviews the evidence and there is a preliminary discussion of the case. The student is then invited into the committee to respond to the evidence presented, the committee members can question the student, and the student can also ask questions. The student then leaves and the committee discusses the case and reaches a decision.

Variations on these proceedings included: Whether the student's representative was allowed to speak and ask questions. Whether other witnesses were called to the committee to present evidence. Whether the student was given all documentary evidence prior to the hearing as a matter of course, or whether they could request a copy of all evidence. Whether the student was allowed to bring new evidence to the committee, or if they had to submit all evidence in advance.

Outcomes were also communicated in different ways. In some HEIs the student was verbally informed of the outcome on the day of the hearing, in one HEI the FtP leads met with the student the following day to discuss the outcome. Whether or not they were informed verbally, the student also always received a letter documenting the committee outcome.

At one HEI the committee Chair personally monitored the progress of students after the hearing. It was felt that this was useful in ensuring that the student fulfilled requirements laid down at the hearing.

*"What you have to be very careful of at Stage 2 is that that support is not in excess of what the student should be getting at that stage of the programme, because they need to be able to evidence competency to an extent that is no different to other students. I think that's the good thing about [the chair of the FtP committee] at that point following that through. She can make sure that they're not getting an inordinate amount of support which is what's putting them through rather than them being able to achieve"*  
(HEI Rep 4)

#### 5.3.1.4 Scope

In most cases the scope of the FtP Committee was limited to the consideration of individual cases. However at some of the HEIs the committee also acted as a hub for FtP related activities. This included reviewing the FtP policy and monitoring its implementation, and evaluating trends in FtP issues for the student cohort as a whole. This 'bigger picture' function of the FtP Committee makes good use of the expertise contained within the committee, and allows the committee to engage in an educational dialogue with the department. Disadvantages may be that such a function makes the role of the committee less clear, and places a much greater burden on committee members.

### 5.4 Appeal

All the HEIs allowed students to appeal an FtP decision, although in some cases the procedures for an appeal were unclear.

*"it's not until somebody said 'well actually I am going to appeal' that we... had to work through well how are we going to manage this?" (HEI Rep 7)*

There may have been a lack of clearly formulated appeals procedures because it was extremely rare for a student to appeal (perhaps reflecting the small number of cases). There were, however, isolated examples of students appealing through a series of levels including the courts. The small numbers of appeals may also reflect the quality of FtP processes.

*"it's done in a very facilitative way" (HEI Rep 3).*

Although the processes of appeal varied widely, appeals were most commonly made through non-FtP university processes, and there was some concern about the potential for conflict, with non-FtP processes using different criteria to judge a student's suitability to be on a programme. One interviewee observed that the HEI must negotiate access to placement with the health board, and may therefore not be able to reinstate a student if this access is withdrawn.

*"It's completely unethical. They say to the student 'you've won your appeal', but then we have to sit down with the student 'we're really really sorry but they have no authority to give you another practice learning experience'... The university is looking at the appeal from the perspective of a student coming back in, but they can't say a student can come back into a nursing programme if access [to practice] has been withdrawn" (HEI Rep 9)*

### 5.5 Timeline

None of the HEIs included in this study had a strict timeline for all aspects of the FtP process, although all stated the principle of processing cases in 'a timely manner'.

*"we try to meet as quickly as possible... but it really does depend on the individual case" (HEI Rep 6)*

Some HEIs had timescales for parts of the process, typically the convening of a Stage 2 committee, and how soon the student was informed of the outcome of the process. Several interviewees commented that it is difficult to have a set timescale for the entire process because there are a number of unpredictable factors, most notably in the investigation of the case. For example, the amount of time it takes to gather evidence from witnesses is largely out of the control of the HEI.

*"it's quite difficult at times... [example of a current case] our information gathering has been difficult. We've asked for what we want, but it's been slow in coming... but we're now working extremely quickly so the information arrived yesterday and we are meeting this afternoon to discuss it with the student because we know that the student's been waiting a while. So we try and do it as quickly as possible because we know it's stressful, but we're constrained by outside factors, particularly the health board, or whoever gives us the information" (HEI Rep 5)*

## 6 Principles and Concepts Underpinning FtP

Although there is considerable variation in the processes and policies for FtP in the different institutions, interviewees seemed to draw on similar principles as underpinning FtP processes. For example, there was a clear sense that FtP is not a way of punishing students, and that the core objective of FtP is to maintain public safety.

*"It's not a punishment exercise, it's not about tripping them up... it's about public safety, but remembering that they're on a learning curve" (HEI Rep 9)*

*"it's about protection of the public" (HEI Rep 11)*

The NMC Code of Conduct was seen as encapsulating the key principles underpinning FtP.

*"In what way does this demonstrate that the student is not working in a way which is compatible with the code?" (HEI Rep 5)*

Areas of agreement around the principles underpinning FtP can be summarised in the following way:

- The purpose of FtP processes is the protection of the public.
- The NMC Code of Conduct is the key description of what is required for a nurse to be fit to practise.
- FtP is a complex area with an important subjective and value based quality.
- FtP processes should be graduated, moving from informal and supportive interventions to a formal FtP hearing which may impose sanctions up to and including discontinuation of studies.
- The student is in the process of developing as a professional nurse, and this should be taken account of in FtP processes.
- FtP should not be used punitively and while the university's primary role is to ensure the safety of the public, the university also has a responsibility to attend to the student's wellbeing.
- FtP processes should be regarded as part of the learning process.

While there seemed to be general agreement around the principles underpinning FtP processes, there was some uncertainty about the utilisation of the key concepts associated with FtP, *good health* and *good character*.

*"good health and good character are amorphous concepts... and I don't think the NMC is very clear about those" (HEI Rep 2)*

## 6.1 Good Character

Most FtP cases were regarded as pertaining to good character.

*"[FtP is] very much in terms of professionalism, or health issues that impact upon professionalism" (HEI Rep 2)*

Good character was discussed in terms of criminal behaviour and professional behaviour. Issues around criminal behaviour included students failing to disclose issues to their HEI, or students committing minor (e.g. traffic) offences during their programme. There were no examples given of students committing serious crimes.

Professional behaviour was connected to conduct whilst on placement, and to conduct in personal life. Learning professional behaviour was regarded as part of the student's process of development.

*"it's a process... your personal life suddenly having to be viewed in a professional context" (HEI Rep 4)*

Several interviewees problematised the making of judgments about a person's character. The subjective and normative nature of these judgments makes them highly complex, and it is difficult to establish universal parameters for good character, or to predict how character traits may affect future conduct.

*"some people say 'don't you have a policy about tattoos?' I say 'no we don't have a policy about tattoos'. If someone had racist or offensive language on a tattoo then I would have a problem with that, but that's because of the offensive language, not the tattoo... that's the complexity we're dealing with" (HEI Rep 2)*

*"I think we all find it really difficult... because if somebody is dishonest in that situation we have to make judgment about whether well if they were dishonest then, will they always be dishonest?" (HEI Rep 11)*

## 6.2 Good Health

All the interviewees expressed a strong commitment to supporting students to participate in programmes, and described the emotional burden of having to determine that a student is not of sufficient health to be on the programme. There was a clear sense that students should not be referred to FtP because of health conditions, but only where the health condition was a contributing factor to the student's impaired FtP. Reasonable adjustments should be explored



before a student is investigated as not fit to practise, and where health related cases were being referred to FtP this was generally because students had missed large amounts of their course because of their health problems. The case was then considered under FtP because the student *"is not prepared for practice because they missed so much teaching"* (HEI Rep 5).

*"In terms of reasonable adjustments, if that's all that was required for the student, it should never really get to fitness for practice. That should have been identified earlier."* (HEI Rep 10)

*"[students are referred to FtP] where there's concerns about the implementation of adjustments, concerns about the safety of the student or others where consent to share recommendations has not been given, and concerns about the ability to practice safely without supervision"* (HEI Rep 8)

In some cases there seemed to be a degree of uncertainty about what tasks a student should be expected to be able to physically perform while on placement. This uncertainty perhaps reflects the minimal guidance available from the NMC on this issue. This may lead to inequality if some HEIs apply more stringent health criteria than others. It is beyond the scope of this inquiry to determine how equitably and consistently HEIs are applying health criteria, but the interviews conducted for this project show a clear commitment to enabling students with health issues to participate in programmes wherever possible.

*"we had an applicant with [disability]... she had applied for mental health nursing... I took it to the fitness to practise committee... and we looked at the competence standards for mental health students at that time... and concerns were expressed about if a patient absconded would she be able to run after that patient, if a patient needed to be restrained would she be able to restrain that patient?... but what it boiled down to was control and restraint is not a competence standard for pre-registration mental health students, nor is running after an absconding patient a competence standard for pre-registration nursing students. Now it does open that debate about fit for employment at the end of the course. However what transpired was yes, she could start the course. We put adjustments in place for her, she started the course and she got there in the end. It was fantastic"* (HEI Rep 8)

Interviewees described making use of occupational health services, and working with disability support services when evaluating impaired FtP due to a health condition. As in the quotation above, in many cases interviewees described putting significant effort and imagination into accommodating the needs of students with health issues, and even where a student was ultimately considered unfit for the programme there was a sense of responsibility for supporting the student around the consequences of such a decision, for example helping the student to consider alternative programmes to which they could apply.

## 7 Knowledge and Understanding About FtP Concepts and Processes

Interviewees gave varying assessments of the degree of knowledge and understanding about FtP principles and processes among students, among academic staff who are not directly involved in FtP, and among practice-based educators. Some argued that FtP is well

understood by these groups, while others identified gaps in understanding. Problems appeared to be particularly around the gathering of evidence in FtP cases.

*"I think that, not the senior people we use, but practitioners need to understand it [FtP] better... One of the things that really surprises me is how poor many practitioners' reports are, badly written, full of ambiguity and vagueness" (HEI Rep 5)*

*"[academic] staff definitely understand what fitness to practise is, but staff sometimes struggle with understanding what their role as the investigating officer is" (HEI Rep 1)*

All the HEIs in this study have processes in place for informing students about FtP requirements and processes. The yearly declaration of good health and good character was seen as a way of reminding students of the importance of FtP and the requirements of the professional role. Students also learn about FtP through the academic component of their programme. One interviewee identified students' clinical supervision as a useful way in which students could learn about FtP through reflection on their placement experiences. Students also have access to information about FtP through university documentation such as the student handbook. However some interviewees questioned how well students understand FtP.

*"They do know about fitness to practise, but I think they know about it in a kind of theoretical way, or an abstract way as something that's there, but they don't understand as much as they might do. So I think there's some work for us to do as a team in terms of getting that across. There have been a couple of cases recently where I've thought 'even though we've explained and been through this, you don't really get it' " (HEI Rep 5).*

FtP relies to a large extent on the honest disclosure of issues by students, and in light of this interviewees commented on the need to make FtP 'real' for students, and to avoid creating fear around FtP.

*"you don't want them to be fearful of you, and fearful of the process, because that's how things end up going underground" (HEI Rep 11)*

Lack of understanding about the principles underpinning FtP and the nature of FtP processes was connected to students failing to disclose FtP problems to their HEI.

*"They're frightened... either they're worried about the consequences, they don't see the potential importance because they're inexperienced, some think they only have to report it after a conviction... so they misunderstand... Some are so busy they don't engage with the totality of what is available to them on the project website" (HEI Rep 6)*

## 7.1 Creating Expertise

The interviewees' accounts suggest that the development of FtP expertise is an important means of ensuring consistency and equity in FtP processes. The context-dependent and

individual nature of FtP cases, and the subjective and normative process of decision creates a degree of complexity which requires expert input.

*"the expertise is absolutely crucial... role modelling is the best way to learn"*  
(HEI Rep 4)

*"Having dealt with FtP for a number of years, you do build up that level of confidence about how you've dealt with things and how you would deal, and also having consistency in how panels work and people on the panel."* (HEI Rep 1)

The lead person (or persons) for FtP appears to fulfil the role of 'resident expert'. As the key person involved, the lead draws on his/her previous FtP experiences to provide both guidance and a baseline for dealing with cases. The lead is also a resource for other members of staff, who can informally discuss problems or potential cases.

*"I think if that informal discussion wasn't there people would be reluctant to refer into that system. Because if we can refer... for a discussion almost... and through that process there's reflection and discussing it"* (HEI Rep 11)

*"having two key people, myself overseeing stage 1 and X consistently in stage 2, they [staff] know who to come to, they know who to ask... it's all very well contained"* (HEI Rep 4)

The lead also ensures that FtP processes are not misused.

*"colleagues have fallen into the trap of any concern about a student is referred to FtP... We're saying 'actually this is student management issue. It's their first year, this is their first module, they don't understand yet. And so they need practice support or study support, they don't need FtP review. You might want to forewarn them that if they persist it may become an FtP issue' "* (HEI Rep 6)

The expert role ensures that there is a degree of consistency in the application of FtP processes, and also allows the lead to build up a depth of knowledge about FtP issues. However, as some interviewees pointed out, it isn't enough to have only one person dealing with FtP, ideally there should be a pool of expertise to draw upon, and decisions should be made collaboratively. By including more members of staff in the FtP process, expertise is built up in the team.

*"I think the staff know quite a lot because we've used it a few times now, but also because we've rotated the people who are on the panel... I think there's a reasonable amount of knowledge in the staff team"* (HEI Rep 5)

The size of this pool will, of course, depend upon the size of the particular HEI nursing department. For smaller HEIs it may be helpful to foster inter-university collaborations, allowing members of staff to draw upon the FtP expertise in other HEIs.

As the academic team develop their expertise this may also assist in improving knowledge and understanding about FtP in the student community.

*" as we have more experiences under our belt and being able to give [students]*

*an example of something, that helps [them to understand]" (HEI Rep 11)*

Expertise may also be created around FtP outside of the HEI. For example, one interviewee described how members of staff in student services had developed expertise, allowing them to support students more effectively.

*"we have quite an experienced couple of people in our student services department... who have picked up quite a bit of insider knowledge about what the panel is interested in hearing about... and what sort of supporting documentation it would be in your interest to produce to help the panel how this situation arose" (HEI Rep 5)*

## 8 Good Practice

Generally interviewees reported that FtP processes were working well, although there were some issues (discussed in Section 9).

*"We're getting sufficient students seen. There aren't things that suddenly appear that haven't been discussed... I don't hear at graduation 'how did they ever get through the process?'... I think we are picking people up" (HEI Rep 2)*

*"we have a recognised group. We have a referral process which I think works with guidance between senior academic staff and less experienced academic staff... we have a clear process around feeding back" (HEI Rep 3)*

Examples of good practice identified through this study include:

- The development of knowledge about the principles of FtP, and experience in conducting FtP investigations.
- The use of staged processes, in which problems are identified at an early stage.
- The use of graduated outcomes ranging from 'no case to answer', through action plans, to formal sanctions.
- The incorporation of teaching about FtP as a part of the nursing programme.
- Positive and non-discriminatory attitudes around health and disability.
- Positioning the student as a learner who has the right to be properly supported by their university.
- Collaborative decision making at every stage of the FtP process, from informal conversations in the pre-FtP stage, to 'robust' discussions in the FtP committee.

## 9 Issues and Challenges

The key problem areas for FtP processes appear to be the NMC's guidance, student support, FtP processes for post-registration students, and the consistency of FtP processes across HEIs and other organisations.

## 9.1 NMC Guidance

A number of the interviewees highlighted the non-directive nature of the NMC's guidance on FtP as an issue, arguing that it is difficult to determine whether HEI processes are meeting the NMC requirements. The limited guidance from the NMC may also make it more difficult for HEIs to create consistent and equitable processes across Scotland.

## 9.2 Student Support

Interviewees were conscious of the emotional impact of FtP processes on students, and were keen to support students as much as possible.

*"we don't want to put that student through that stressful process unless we have to" (HEI Rep 10)*

*"the procedure can be intimidating... I'll go out and meet the person [student] outside, I'll welcome them, I tell them to keep nice and calm, they will be listened to. I give them every opportunity to come back on us and question us... I never ever allow them to be intimidated" (HEI Rep 9)*

Students can find support from a range of sources. From the academic side the personal tutor is the key source of support (see below). Students can also access student services, student unions, and professional unions. It is apparently rare for students to involve a legal representative. Two interviewees gave examples of a student bringing a lawyer to an FtP committee, while in contrast, at one HEI students were not allowed to bring a legal representative. At a Stage 1 or 2 meeting students might also bring a friend or family member as a source of support. Interviewees argued that the representative fulfilled an important role in supporting the student, and it is important to explain to the student why they may wish to bring a representative.

*"I try to advise them that they need somebody who's quite skilled during the process of a hearing at taking good notes, because when you're in it you're probably not listening to a lot which is being said" (HEI Rep 4).*

Where possible HEIs try to reduce the student's anxiety, for example by ensuring that outcomes are shared quickly, or that the student fully understands the process, and is able to put their point across at meetings.

*"What we try to do is ultimately support the student as much as possible... because if the student is upset, they're often not so clear about what they're trying to say so it makes sense that we support them as much as possible so that they can convey their situation more clearly" (HEI Rep 10)*

### 9.2.1 The Personal Tutor

A key source of support for the student is through their relationship with their personal tutor. This is an existing academic and pastoral relationship, and throughout the FtP process the personal tutor is expected to provide support for the student. However, this study identifies a

significant conflict of role here.

On the one hand the personal tutor provides support for the student, while on the other hand they are often involved in the FtP process as the person who raises concerns, a witness, or an investigating officer. This raises the question as to whether the personal tutor can adequately fulfil all of these roles.

*"[the tutor's] role would be possibly supporting the student and being the conduit through which we gathered evidence. So they might be asked to provide a witness statement and provide any evidence to inform any deliberations about the case... You get the emotive comments, the poor soul... but we work with them on our primary role is the protection of the public... any information which we feel is subjective we would not take on board" (HEI Rep 6).*

### 9.3 Post-Registration Students

Generally interviewees had little experience of FtP issues in their post-registration nursing students. Some HEIs had never dealt with a post-registration FtP case. Others observed that issues with post-registration students tended to be around plagiarism and these issues are dealt with through the university academic misconduct procedures rather than FtP.

Some HEIs used their pre-registration FtP process for post-registration students, and some had no clear process for dealing with post-registration students, seeing this as the responsibility of the employer rather than the university.

### 9.4 Creating Consistent and Equitable Processes

As noted in the introduction to this report, there are a number of stakeholders in FtP processes, not all of whom necessarily conceptualise FtP in the same way, and HEIs must decide to what extent they need to incorporate the perspectives of others into their approach to FtP.

*"The NHS's standards for employment, and the School's standards for getting on the programme might be different. We might look at what they've done and say 'they're of sufficiently good character to be on the programme, they're a student and they're under supervision'. Our NHS colleagues might see things differently" (HEI Rep 2).*

A lack of consistency in FtP processes may not only create inequalities, but may also put students into a vulnerable position. As this interviewee points out, HEIs may consider certain behaviours as not impacting on FtP, while future employers may apply more stringent criteria:

*"students have had cannabis when they were much younger. That tends not to go to fitness to practise, it tends to be looked at in context... but the student would have to be alerted to the fact that [others may interpret this differently]" (HEI Rep 10)*

Ultimately, the complexity of subjective and normative FtP judgments means that it is difficult to create rigid protocols, as the unique circumstances of each case must be taken into account.

*"it's very individual. And I think that's important, but it also makes the system quite hard as well because you can't say 'if you do that this happens'. But it's also about humans as well" (HEI Rep 11)*

## 10 Conclusion

FtP touches upon a number of important issues, including the diversity of the nursing workforce, the protection of the public, and the accountability of HEIs. This project set out to identify good practice in Fitness to Practise (FtP) processes in pre-registration nursing education in Scotland in order to contribute to the development of robust FtP processes in pre-registration nursing programmes. The project conducted a review of FtP research literature and policies and guidance from health and social care regulators. Current research on FtP suggests that policies and processes can be inconsistent, lacking in clarity, and open to legal challenge. At the same time there was some evidence of good practice, and of the development of principles which could underpin good FtP practices. Data were collected about FtP processes in nine of the eleven Scottish HEIs through interviews and the review of policy and process documents. The analysis of these data identified five major themes around FtP processes, which have been explored in this report.

The findings of this inquiry into good practice in FtP processes for pre-registration nursing students show that there is a diverse range of approaches currently in place in Scottish HEIs. FtP processes seem to draw on a shared set of principles, but are couched in different terminology, and vary according to their location within different university structures. Nevertheless HEIs appear to be confronting broadly similar issues around the FtP of their nursing students, and the conduct of FtP investigations.

This project has identified numerous examples of good practice happening in HEIs. Good practices identified by this study include the development of expertise around FtP; the use of staged FtP processes and graduated outcomes; the incorporation of teaching about FtP into nursing programmes; positive attitudes around health and disability; collaborative decision making.

This study has also identified some areas of FtP which pose challenges for HEIs, and may benefit from further development. These include the development of better systems of student support; the development of FtP processes for post-registration nursing students; the creation of consistent, equitable and auditable FtP processes.

In conclusion, there is a body of expertise building around FtP processes, and it seems clear that HEIs could benefit from engaging in collaborative working around this complex area. There are also areas of FtP processes which would benefit from further exploration in order to develop understanding, and to build a robust evidence base for FtP processes.

The findings discussed in this report support a number of recommendations around best practice for FtP processes, and around areas where FtP processes could be better developed, and these are listed in the next section.

## Recommendations

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### **Recommendation 1      A Graduated Process**

FtP processes should include clearly delineated stages, and a case should be dealt with via the appropriate stage. We recommend that FtP processes include:

- |         |  |
|---------|--|
| Pre-FtP | Potential problems are identified and support mechanisms put in place.   |
| Stage 1 | The early investigation of possible impairment of FtP, and the development and implementation of an action plan. |
| Stage 2 | Serious, repeated, or unresolved FtP problems are formally evaluated by an FtP committee.                        |

Policies should clearly articulate each stage of the process and who is involved, and how and why decisions are made to take an FtP case to the next stage. Policies should also contain a clear articulation of the process of appeal. A timeframe should be provided for the stages of the FtP process. We recognise that due to the nature of FtP investigations it may not always be possible to adhere to a pre-set timeframe, in these instances the student should be informed of the new projected timeframe.

### **Recommendation 2      Student Involvement**

HEIs may wish to consider involving student representatives in FtP processes (e.g. as a member of the FtP committee) in order to increase awareness of FtP in the student community, and to improve the representativeness and balance of the process.

### **Recommendation 3      Student Support**

Due to potential for conflict of roles, HEIs should not rely on personal tutors to provide support to students going through FtP. Instead HEIs should ensure that a third party is made available to provide pastoral support to students. The individual responsible for supporting the student should not otherwise be involved in the FtP process, and should ideally have a thorough understanding of the HEI FtP policy and process.

### **Recommendation 4      Post-Registration Nursing Students**

FtP processes for post-registration nursing students require clarification, particularly around the responsibilities of employers, HEIs and the NMC.

### **Recommendation 5      Multi-disciplinary Working**

Nursing should work collaboratively with other disciplines who also consider FtP issues. Approaches formulated in other disciplines can be used to inform FtP processes for pre-registration nursing students. HEIs may wish to consider creating cross-disciplinary committees, and sharing expertise and policy and process information between subject areas.



## **Recommendation 6      Creating Expertise**

Individual HEIs can enhance understanding and awareness of FtP by supporting those individuals who are most closely involved in FtP processes to become ‘experts’. These in-house ‘experts’ act as a resource, disseminating knowledge to other members of staff and to students. The development of expertise also contributes to the consistency and equity of FtP processes within the HEI.

Expertise can also be created nationally, through the sharing of knowledge and experiences of FtP between HEIs. We suggest HEIs consider involving FtP ‘experts’ on their committees from other HEIs. This will allow the sharing of good practice between institutions, and will enhance the equity of FtP processes across HEIs.

## **Recommendation 7      Audit**

In order to ensure consistency and equity of FtP processes HEIs should develop the capacity for cross-institutional comparisons and audit. This could be supported through the establishment of a working group consisting of HEI and student representatives. The remit of the working group should be to explore ways of creating consistent, equitable and auditable practices across the Scottish HEIs.

## **Recommendation 8      Future research**

This study indicates the need for a greater understanding of student and mentor perspectives on FtP processes for pre-registration nursing students. Areas for future research might include:

1. Explore the perspectives of students and mentors through focus groups in order to gather evidence of good practices, discuss issues, and explore ways in which Scottish HEIs can develop their FtP practices in response to the needs of students and mentors.
2. Identify how FtP processes may support students’ understanding of professionalism, in particular how professionalism relates to conduct in personal life, and how FtP processes may facilitate the process of becoming a professional and how this relates to students’ understanding of their own conduct.

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# Appendices

## Appendix 1

**Table 1. Research and discussion papers concerning FtP and pre-registration nursing students.**

Author (Date)	Title of Study	Method	Findings	Discussion
Devereux et al. (2012)	Why do students fail to disclose health problems?	Three stage study comprising an online survey, interviews and the development of a web-based information resource.  1. 274 students were surveyed, with 75 responses. 2. Respondents who said they had a disability or health condition were invited to interview, 10/20 participated. 3. A web-based resource was developed based on the study findings.	- Survey responses showed that students got information about FtP from a range of sources.  - 7 of those surveyed had not disclosed a health condition until after interview, and 13 and not disclosed a health condition until after enrolment on their programme.  - Interviews showed that students lacked knowledge about FtP, did not understand the significance of FtP, did not always know when a health condition might impact on FtP, and were reluctant to disclose health conditions for fear of stigma and discrimination.  - The web-based information resource is designed to give FtP information in an accessible format, and includes student stories and links to other useful websites.	The authors make 'five key points' about FtP. 1. "Good health and good character are key elements of a nurse or midwife's fitness to practise" 2. "Students' disclosure of health issues or disabilities can be problematic for universities" 3. "Prospective and current healthcare students lack awareness about the scope and implications of fitness to practise" 4. "Students need more information on fitness to practise issues to encourage them to identify and disclose any disability or health issue" 5. "A web-based information zone can improve students' knowledge on health-related fitness to practise issues" (Devereux et al., 2012: 18)
Unsworth (2011)	Student professional suitability: Lessons from how the regulator handles fitness to practise cases	This study looked at FtP policies and procedures for pre-registration nursing programmes in UK HEIs.  Data were collected via publically available information and Freedom of Information Act requests. A thematic analysis was conducted.	- Not all HEIs had a specific FtP policy for nursing students - Policies lacked clarity on key concepts such as 'fitness' - Procedures and the progression of a case through FtP procedures were unclear.	HEI's FtP policies needed to be improved. Key areas included: - Greater clarity around why a case would be referred for an FtP hearing - A requirement for HEIs to justify the decisions made at each stage - The development of appeals procedures.  The author argues that without these developments FtP policies were rendered open to challenge on technicalities, undermining confidence in the ability of HEIs to address FtP issues.

**Table 1. Research and discussion papers concerning FtP and pre-registration nursing students.  
(Continued from previous page)**

Author (Date)	Title of Study	Method	Findings	Discussion
Ellis et al. (2011)	Supporting nursing students during fitness to practise hearings	N/A	N/A	<p>The authors make detailed recommendations for good FtP processes based on procedures in place at the University of Manchester.</p> <p>The university have appointed a student support officer for the FtP committee. The authors argue that this is a useful resource for the student. The support officer ensures that the student is informed about FtP processes. The support officer also assists the student to prepare for a hearing, for example by reflecting on the problem, considering mitigating circumstances and collecting evidence to present to the committee. The support officer also provides emotional support for the student before, during and after the FtP hearing.</p>
Holland et al. (2010)	Fitness for practice in nursing and midwifery education in Scotland, United Kingdom	<p>An evaluation of the Fitness for Practice Curriculum in Scotland using a three phase process:</p> <ol style="list-style-type: none"> <li>1. The evaluation of organisational structures, a survey of students assessing self-efficacy and competence, and data collection through examinations.</li> <li>2. Interviews and focus groups with key stakeholders.</li> <li>3. Evaluation of the <i>Flying Start NHS</i> pilot programme.</li> </ol>	<ul style="list-style-type: none"> <li>- Meanings of FtP were around competence and safety</li> <li>- Students were considered to be competent, but seemed to lack confidence in their abilities.</li> <li>- Preparation for practice involved learning clinical skills and also theoretical learning.</li> <li>- The mentorship role was central to student learning in practice, but mentor preparation was variable.</li> <li>- HEIs and the NHS were generally working well in partnership.</li> </ul>	<p>The authors conclude that the variety of health practices and placement settings mean that professional competence and lifelong learning are of greater relevance to FtP than the possession of particular clinical skills at registration.</p> <p>The curriculum was successfully producing students who were fit for practice at the point of registration, but students lacked confidence in their abilities.</p>

**Table 1. Research and discussion papers concerning FtP and pre-registration nursing students.**  
**(Continued from previous page)**

Author (Date)	Title of Study	Method	Findings	Discussion
David and Lee-Woolf (2010)	Fitness to practise for student nurses: principles, standards and procedures	N/A	N/A	<p>The authors discuss principles for FtP processes in HEIs.</p> <p>Key points include:</p> <ul style="list-style-type: none"> <li>- The position of the student as learning and developing</li> <li>- FtP procedures and the composition of the committee</li> <li>- FtP is affected by behaviour in both work and private life</li> <li>- Student involvement in FtP proceedings</li> <li>- The setting of sanctions and the conduct of appeals</li> <li>- Whether or not FtP committees should be subject specific</li> </ul>
Tee and Jowett (2009)	Achieving fitness to practice: Contributing to public and patient protection in nurse education	<p>This study aimed to explore the impact of a new FtP policy at a single HEI.</p> <p>A case study was conducted of FtP policy and processes in the HEI. Data were collected through documents and interviews.</p>	<p>New FtP processes had been developed in response to a number of concerns about the HEI's existing FtP policy. Concerns included the timeliness of proceedings, that students were not encouraged to reflect and take responsibility for problems, there was a lack of accountability between the HEI and placement providers, and decision making was unclear.</p> <ul style="list-style-type: none"> <li>- A key part of the new processes was a formally established understanding between the HEI and placement partners about partnership working around students' FtP.</li> <li>- A number of changes were made around the composition of the FtP panel, and the conduct of investigations and hearings.</li> <li>- Processes were made clearer.</li> </ul>	<ul style="list-style-type: none"> <li>- Implementation of a new FtP framework in the HEI required sensitivity and collaborative working and the balancing of cost against the need for timely processing of FtP cases.</li> <li>- Benefits of the new framework included students and staff being more willing to raise issues, stakeholders having greater confidence in FtP processes, and FtP problems being dealt with at an earlier stage.</li> <li>- The authors argue that without robust FtP processes many cases of problematic behaviour will not be addressed.</li> </ul>

**Table 1. Research and discussion papers concerning FtP and pre-registration nursing student.**  
**(Continued from previous page)**

Author (Date)	Title of Study	Method	Findings	Discussion
Sin and Fong (2008)	'Do no harm'? Professional regulation of disabled nursing students and nurses in Great Britain	<p>A report of the General Formal Investigation conducted by the Disability Rights Commission, on the impact of FtP standards for disabled nursing students and nurses.</p> <p>Data were collected via multiple 'evidence strands'. Collection of both quantitative and qualitative data included:</p> <ul style="list-style-type: none"> <li>- A review of regulations, legislation and statutory guidance</li> <li>- A questionnaire survey of Chief Executives/Directors of various organisations</li> <li>- A questionnaire survey and case study of HEIs</li> <li>- A telephone survey of employers</li> <li>- Qualitative interviews with disabled students and professionals.</li> <li>- An independent panel was convened to gather evidence from witnesses.</li> </ul>	<ul style="list-style-type: none"> <li>- Regulatory requirements around FtP were developed in response to the Clothier report.</li> <li>- The concept of 'good health' which underpins FtP is relative and open to interpretation.</li> <li>- Stakeholders find guidance on FtP and health unclear.</li> <li>- Interpretation and implementation by HEIs or employers, of good health requirements for nurses and nursing students, was inconsistent.</li> <li>- There was evidence of discriminatory attitudes towards people with mental health conditions. People with mental health conditions were seen as inevitably unable to achieve competencies, and as posing a risk to the public.</li> <li>- Most organisations had not created clear policies and processes around FtP and health.</li> </ul>	<p>The authors argue that despite the NMC's avowedly positive attitude towards disability, regulatory guidance was inadequate, leading to widespread misunderstandings and lack of clarity about health and FtP. These problems undermined the effectiveness of FtP processes, and created conditions in which standards were inconsistently applied and discrimination could occur.</p>

**Table 1. Research and discussion papers concerning FtP and pre-registration nursing student.**  
**(Continued from previous page)**

Author (Date)	Title of Study	Method	Findings	Discussion
Jomeen et al. (2008)	Review of Student Guidance for Professional Behaviour	<p>A review of guidance and standards on professional behaviour and students from all UK healthcare regulators carried out on behalf of the NMC.</p> <p>The review included:</p> <ul style="list-style-type: none"> <li>- A systematic literature review</li> <li>- Data collection via HEI documentation on FtP policies and procedures</li> <li>- A content analysis of all literature and documents retrieved.</li> </ul>	<ul style="list-style-type: none"> <li>- There was no agreed definition of professionalism, although interpretations among the healthcare disciplines have overlapping features.</li> <li>- Associated key terms such as 'fitness' were often poorly defined.</li> <li>- Professionalism was connected to values, health, competence, character and behaviour.</li> <li>- Guidance statements which expressed an ethical principle were open to individual interpretation.</li> <li>- With the exception of the GMC and the Health Professions Council, healthcare regulators had devolved responsibility for FtP procedures to HEIs, giving only broad guidance on FtP.</li> </ul>	<p>The authors argue that the NMC's non-directive guidance around FtP relies heavily on students having an adequate understanding of the principles of professionalism. All the organisations included in the study used criminal records (including cautions and spent convictions) to assess FtP, and the authors argue that this represents the importance of private life to professionalism. HEIs must therefore ensure students understand that FtP takes account of conduct in both private and working life. The complex concepts associated with FtP posed challenges for HEIs when trying to assess students' FtP.</p>
Sellman (2007)	On being of good character: Nurse education and the assessment of good character	<p>In this discussion paper the author analyses the concept of 'good character' and discusses issues around the assessment of good character.</p> <p>The author identifies several issues with the conceptualisation and operationalisation of 'good character':</p> <ul style="list-style-type: none"> <li>- There is a widespread understanding of good character as a set of permanent traits which lead to kinds of behaviour, but this ignores the context in which behaviours occur and the possibility of changes in character.</li> <li>- There is an assumption that 'good character' and a 'good professional' are causally connected, but good intentions do not invariably lead to good behaviours.</li> <li>- 'goodness' can be interpreted variably as indicating technical competence or a moral quality. There is a tradition in nursing of requiring nurses to possess certain moral qualities in order to be considered 'good' nurses.</li> </ul> <p>The author concludes that HEIs must acknowledge the normative dimension of good character, and also the complexity of the assessment of good character, and the limited extent to which future risk can be managed through the assessment of character.</p>		



**Table 2. Research papers concerning FtP and students from disciplines other than nursing.**

Author (Date)	Title of Study	Method	Findings	Discussion
Sanders and Taylor (2013)	The effect of medical school on postgraduate fitness to practise decisions: a retrospective cohort study	<p>A retrospective cohort study was carried out to explore whether there is a link between medical school and qualified doctors' receipt of FtP sanctions.</p> <p>Publically available data were collected from the GMC and statistically analysed.</p>	Some medical schools had lower or higher rates of graduates who received FtP sanctions, but these were not statistically significant.	The authors argue that differences in passing standards between UK medical schools are not associated with a greater or lesser likelihood of graduates later receiving FtP sanctions from the General Medical Council.
Boak et al. (2012)	Student Fitness to Practise and Student Registration, A literature review. A project for the Health Professions Council	<p>A review of international literature pertaining to student FtP across a wide variety of healthcare disciplines was carried out on behalf of the Health Professions Council.</p> <p>10 databases were searched using a number of key terms. Search results were reduced to 400 publications and another 100 grey literature publications from regulators in the UK and internationally, were also reviewed. The majority of publications came from the USA or the UK.</p>	<ul style="list-style-type: none"> <li>- Understandings of FtP combine ideas about moral suitability and technical competence.</li> <li>- The evaluation of professionalism tends to focus on assessment of behaviour.</li> <li>- HEIs evaluate professionalism and FtP before, during and at the end of programmes. And evaluations are both formative and summative.</li> <li>- FtP processes in HEIs vary, but tend to be based on a graduated process.</li> <li>- Key terms associated with FtP tend to be variously and ambiguously defined.</li> <li>- HEIs contribute to the development of professional behaviour in a number of ways including: teaching, placements, role modelling, and developing reflective skills.</li> </ul>	<ul style="list-style-type: none"> <li>- The authors conclude that there is a lack of evidence as to the risk which students may pose to the public. This makes it difficult to clearly set guidelines for and assess FtP. The authors also recommend that:</li> <li>- HEIs should have clear and robust FtP processes in order to ensure that FtP problems are adequately addressed.</li> <li>- Students should be fully informed about FtP and their responsibilities with regard to FtP.</li> <li>- FtP processes should be consistent and equitable.</li> </ul>

**Table 2. Research papers concerning FtP and students from disciplines other than nursing.  
(Continued from previous page)**

Author (Date)	Title of Study	Method	Findings	Discussion
Roff and Dherwani (2011)	Development of inventory for polyprofessionalism lapses at the proto-professional stage of health professions education together with recommended responses	<p>This study explores what behaviours and attitudes constitute ‘unprofessionalism’ in students, and how HEIs perceive and respond to these.</p> <p>Data were collected via observations using an inventory developed from a review of the literature. Data were also collected through interviews with academic staff and students.</p>	Statistically significant differences were found in the way professional behaviours and attitudes were perceived according to gender, to HEI, and between academic and clinical staff.	The authors used the study findings in order to develop a 42 item inventory detailing what constitutes unprofessional behaviour in medical students.
Currer and Atherton (2008)	Suitable to Remain a Student Social Worker? Decision Making in Relation to Termination of Training	<p>This study explores decision making around the termination of training through a comparison of FtP processes for undergraduate social workers in English HEIs.</p> <p>This is the second of two studies. The first study examined procedural documents from HEIs in England. The second study explored how academic staff in a single institution perceived the suitability of students to enter practice. Data were collected through interviews during which participants were asked to discuss a vignette of an FtP case.</p>	<ul style="list-style-type: none"> <li>- Participants regarded their code of practice as important, but also found the interpretation of the code challenging and believed that more explicit guidance would be helpful.</li> <li>- Participants evaluated the seriousness of the cases presented in the vignettes in a consistent way, and evaluations took account of mitigating circumstances.</li> <li>- Participants reflected on the impact of their own experiences and perspectives on their evaluation of the cases.</li> </ul>	<ul style="list-style-type: none"> <li>- The authors conclude that FtP evaluations include an important ethical component and that this poses challenges when creating guidance for such decisions.</li> <li>- Evaluations of behaviour and character must take account of context.</li> <li>- Students should have the opportunity to learn from their mistakes, and there should be graduated sanctions to accommodate this learning process.</li> <li>- HEIs’ evaluations of FtP are highly significant and ‘define the profession’.</li> </ul>

**Table 3. FtP advice, standards and guidance issued by UK regulatory bodies.**

Author (Date)	Title
Council for Healthcare Regulatory Excellence (2009)	Health Conditions: Report to the Four UK Health Departments
Council for Healthcare Regulatory Excellence (2008)	A Common Approach to Good Character across the Health Professions Regulators
Department of Health (2006)	The regulation of the non-medical healthcare professions: a review by the Department of Health
Disability Rights Commission (2007)	Maintaining Standards: Promoting Equality. Professional regulation within nursing, teaching and social work and disabled people's access to these professions.
General Chiropractic Council (2012)	Student Fitness to Practise: Guidance for Education Providers
General Dental Council (2010)	Student Fitness to Practise
General Medical Council (2009)	Medical Students: professional values and fitness to practise
General Pharmaceutical Council (2010)	Guidance on student fitness to practise procedures in schools of pharmacy
Nursing and Midwifery Council (2011)	Guidance on professional conduct. For nursing and midwifery students
Nursing and Midwifery Council (2010)	Good health and good character: Guidance for approved education institutions.

## Appendix 2

### Glossary of Standardised Terms

Applicant	An individual applying to a programme.
Fitness to Practise Committee	The formal body which meets to discuss FtP cases. Committees are often used at Stage 2, but may also be involved at Stage 1 (see <i>Part Two: Project Findings</i> for model of FtP Stages).
FtP lead	The person(s) who take the main responsibility for overseeing FtP processes. The role may include developing policy and processes, conducting investigations, overseeing Stage 1, and chairing an FtP committee.
Student	An individual currently enrolled in a programme.
Personal Tutor	The member(s) of academic staff charged with overseeing the student's academic career and providing pastoral care for the student.